Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
Drug Policy Action Committee to Tax and Regulate Marijuana - Yes on Prop. 19

Date of This Filing	10/11/2010
Report No.	100610-1

Date Stamp

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER
(916)285-5733

I.D. NUMBER (if applicable)
1325672

For Official Use Only

STREET ADDRESS

■ **Amendment to Report No.** 001
(explain below)

Page 1 of 2

CITY
Sacramento

STATE
CA

ZIP CODE
95842

No. of Pages 2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/05/2010	Goldring, Hertz & Lichtenstein, LLP Beverly Hills, CA 90210	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$1,000.00
10/05/2010	Richard B. Mazess Santa Barbara, CA 93108	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate n/a	$50,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

Add occupation/employer & update contributor's name

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

1523459-1

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA FORM	**497**

NAME OF FILER
Drug Policy Action Committee to Tax and Regulate Marijuana - Yes on Prop. 19

Date of This Filing	10/11/2010

Date Stamp

For Official Use Only

AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1325672

Report No. 100610-1

Page 2 of 2

STREET ADDRESS

■ **Amendment to Report No.** 001
(explain below)

CITY Sacramento	STATE CA	ZIP CODE 95842

No. of Pages 2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Add occupation/employer & update contributor's name

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

1523459-1